

## Federal Studies

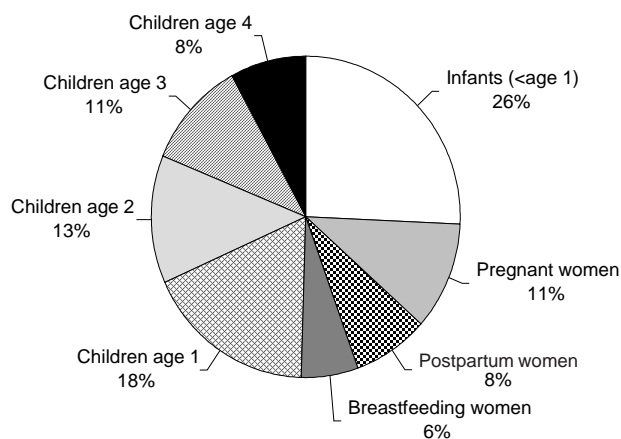
### WIC Participant and Program Characteristics<sup>1</sup>

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a combination of prescribed supplementation, nutrition education and counseling and increased access to health care and social services to lower income and at-nutritional-risk (1) pregnant, breastfeeding, and postpartum women; (2) infants up to age 1; and (3) children age 1 to 4. Participants receive supplemental food benefits through vouchers or checks that allow them to obtain specific types of food (e.g., milk, juice, and cereal) from participating retail grocers. This report, generated biennially since 1992 from WIC State management information systems, summarizes demographic characteristics of WIC participants nationwide in April 2002, along with information on participant income and characteristics related to nutrition risk. In addition to describing WIC members of migrant farmworker families, the report also estimates the breastfeeding initiation for WIC infants 7 to 11 months old.

#### Half of WIC participants are children

As of April 2002, 8.02 million women, infants, and children were enrolled in the WIC Program, an increase of 2 percent over the program's April 2000 enrollment. Children accounted for half of WIC participants; infants, 26 percent; and women, 25 percent. From 1998 to 2002, the proportion of children enrolled in WIC declined slightly, the proportion of infants stayed the same, and the proportion of women increased slightly.

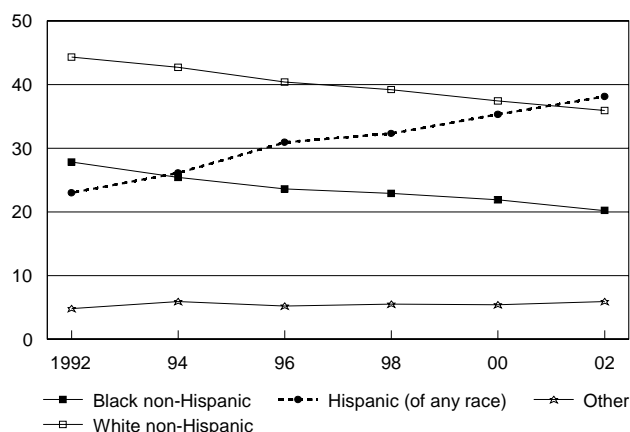
#### People enrolled in WIC Program



#### Hispanics account for largest ethnic group of WIC participants

Hispanics made up the largest ethnic group of WIC participants (38 percent), up from 23 percent in 1992. Whites were the next largest group (36 percent) followed by Blacks (20 percent), and others (Asian, Pacific Islander, American Indian, or Alaskan Native) (5 percent). The racial/ethnic composition of WIC participants has changed steadily since 1992: The percentage of Hispanic WIC participants rose while percentages of Black and White participants decreased.

#### Racial and ethnic characteristics of WIC participants, 1992-2002

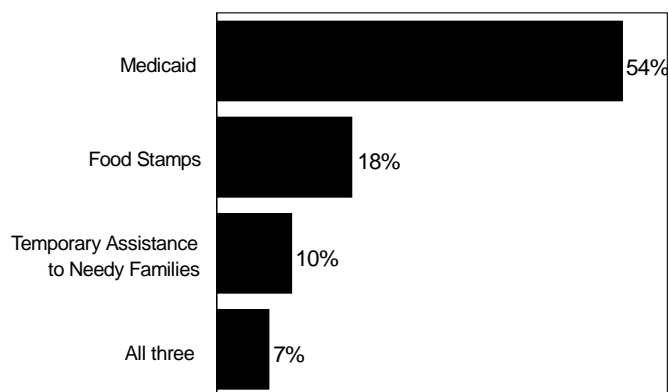


<sup>1</sup>Percentages have been rounded.

### Majority of WIC participants receive benefits from other public assistance programs

In 2002, 57 percent of WIC participants received benefits from at least one other public assistance program. Fifty-four percent of WIC clients received Medicaid benefits (up from 50 percent in 2000), 18 percent received food stamps (down from 27 percent in 1998), and 10 percent participated in the Temporary Assistance for Needy Families Program (down from 17 percent in 1998).

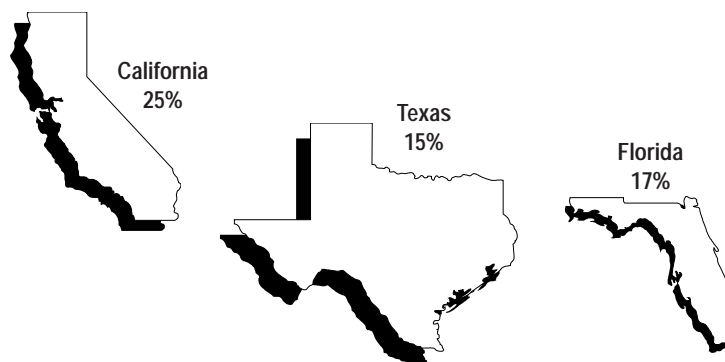
### Participation in other programs by WIC participants



### 47,950 migrants in WIC Program

One-half of 1 percent of people receiving WIC services were migrants (farmworkers or their families). More than half of these migrants were enrolled in the WIC Program in three States: California, Florida, and Texas. Migrant children enrolled in WIC were older than the general population of WIC children.

### Over half of migrant farmworker WIC participants in three States



Source: Kresge, J. (2003, September). WIC Participant and Program Characteristics, PC2002: Executive Summary. Office of Analysis, Nutrition and Evaluation, Food and Nutrition Service, U.S. Department of Agriculture.

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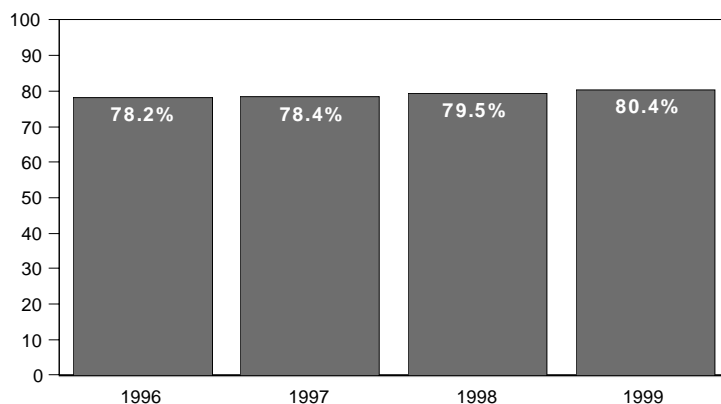
## Health Insurance Coverage: 1996-99

This report uses longitudinal data from the 1996 panel of the Survey of Income and Program Participation to examine 1996 to 1999 health insurance coverage. During the 48-month survey period, respondents reported their health insurance status for each month, providing the opportunity to observe how long people are covered by health insurance or how long they go without coverage. The report focuses on the dynamics of health insurance coverage and how patterns vary across economic and demographic groups. The number of months without health insurance varied for different groups: 96.7 percent of all people were covered for at least 1 month of the 48-month period, about two-thirds of all people had some kind of health insurance for the entire 48-month period, and only 3.3 percent had no health insurance coverage during the whole period.

### Coverage rates improved each year

Health insurance coverage rates increased over the years. Throughout the calendar year, 78.2 percent of the people were covered in 1996; 80.4 percent, in 1999. Conversely, 8.8 percent of all people lacked health insurance for the entire year in 1996, decreasing to 8.0 percent in 1999.

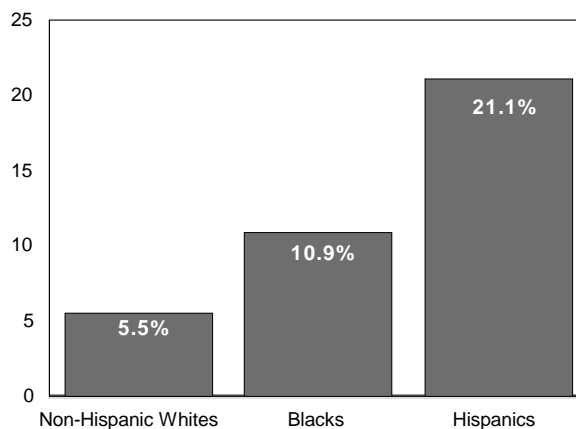
### Percentage of people covered by health insurance during the entire year



### Hispanics least likely to have continuous coverage

Among the racial/ethnic groups, non-Hispanic Whites were the most likely and Hispanics (of any race) were the least likely to have continuous coverage every year (1996 to 1999). The likelihood of no coverage during all of 1999 was also highest among Hispanics: 21.1 percent of Hispanics versus 10.9 percent of Blacks and 5.5 percent of non-Hispanic Whites.

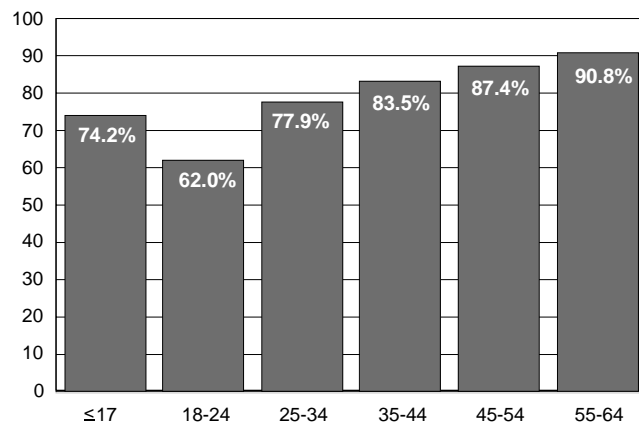
### Percentage of people not covered by health insurance during all of 1999, by race/ethnicity



### People age 18 to 24 also least likely to be insured

People age 55 to 64 were the most likely and those age 18 to 24 were the least likely to have entire-year health insurance coverage. In 1999, while 9 of 10 people age 55 to 64 reported entire-year coverage, only 6 of 10 people age 18 to 24 did so.

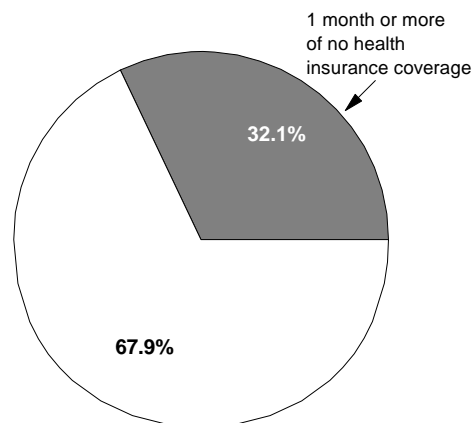
### Percentage of people with entire-year health insurance coverage in 1999, by age



### 1 in 3 people without health insurance for at least 1 month

While 67.9 percent of all people had health insurance coverage for the entire 48 months, the rest (32.1 percent) had at least 1 month of no coverage. Unemployed people were the most likely (71.6 percent) and people age 65 or over were the least likely (2.3 percent) to experience at least 1 month of no coverage. The median duration without health insurance was 5.6 months for all people who experienced at least one spell of no health insurance.

### Percentage of people with 1 month or more of no health insurance coverage during 1996-99



Source: Bhandari, S., & Mills, R. (2003). *Dynamics of economic well-being: Health insurance 1996-1999*. Current Population Reports P70-92. U.S. Census Bureau.

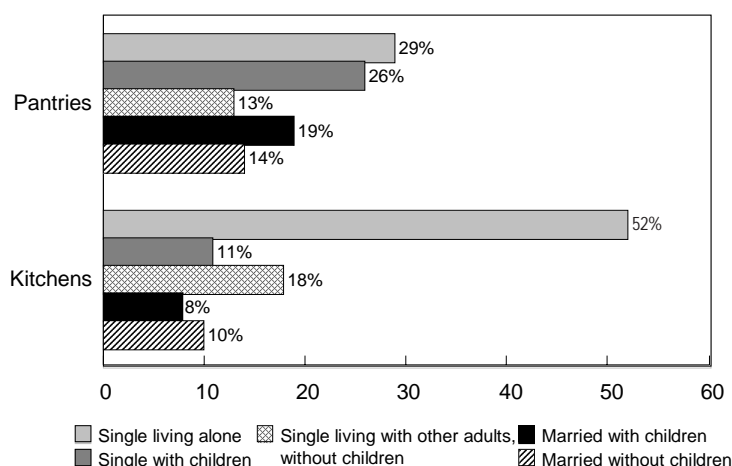
## The Emergency Food Assistance System<sup>1</sup>

During a typical month in 2001, food pantries (distribution centers that provide groceries and other basic necessities that clients use in their homes or at locations away from distribution sites) served about 12.5 million people, and emergency kitchens (which supply meals for on-site consumption) served about 1.1 million people. Food pantries and emergency kitchens have an important role in feeding America's low-income and needy population. These organizations are part of the Emergency Food Assistance System (EFAS), a network operated largely by private organizations that receive some Federal support. This report presents findings from a national study that surveyed EFAS clients who receive emergency food assistance from selected food pantries and emergency kitchens. The study finds that food pantries and emergency kitchens serve a diverse clientele. Most EFAS households, including two-thirds of food-pantry clients and over two-fifths (45 percent) of emergency-kitchen clients, receive Federal food assistance. However, a substantial number of EFAS households do not receive food stamps, although they appear to be eligible for them.

### Almost half of households using food pantries have children

Forty-five percent of pantry-client households included children, compared with 19 percent of kitchen-client households. Kitchen clients typically were men living alone (38 percent) or were single adults living with other adults.

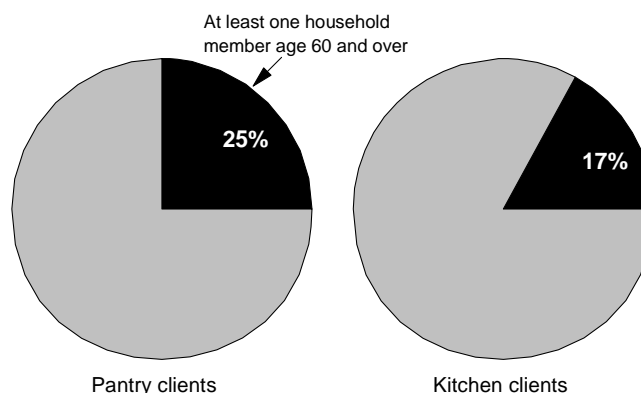
### Household composition of food pantry and emergency kitchen clients



### One-quarter of households using food pantries also include seniors

Twenty-five percent of pantry-client households and 17 percent of kitchen-client households included seniors (age 60 and over) but no children. Compared with other pantry-client households, those with seniors were more likely to rely only on pantries.

### Percentage of households using food pantries and emergency kitchens with senior members but no children

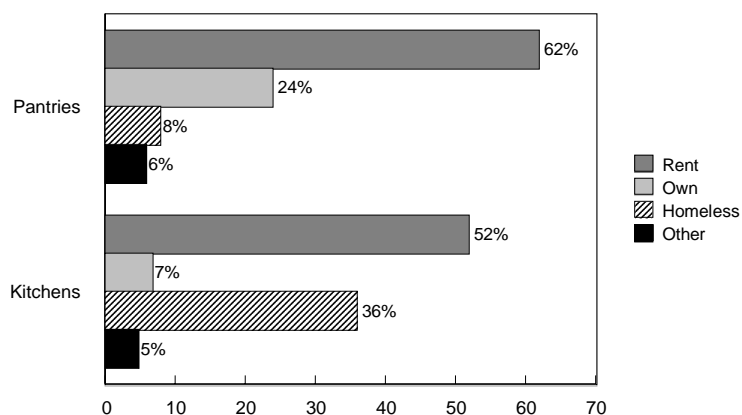


<sup>1</sup>Percentages have been rounded.

### Kitchen clients experience more severe hardships than do pantry clients

Thirty-six percent of kitchen-client and 8 percent of pantry-client households were homeless, having limited or no access to facilities to prepare, store, or cook meals. Food insecurity was common among households that visited pantries or kitchens: 80 percent of pantry-client households and 75 percent of kitchen-client households.

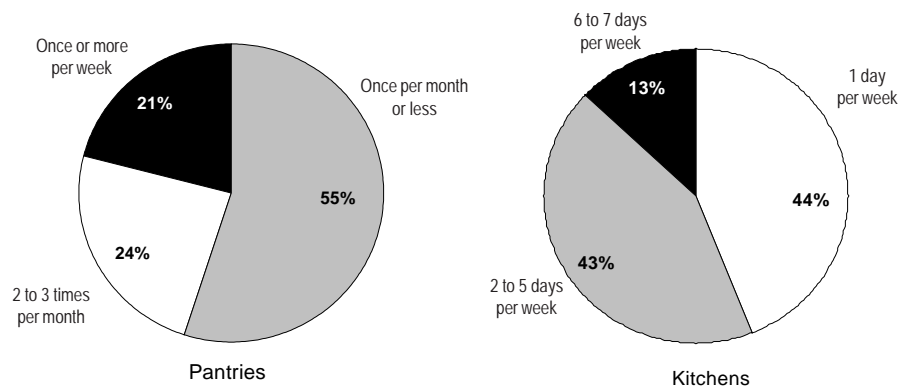
### Residential status of households using food pantries and emergency kitchens



### Clients visit pantries less often than kitchens

Over half of pantry-client households (55 percent) visited a pantry once a month or less, most likely because providers restricted the frequency of visits not because the clients had limited needs. Forty-three percent of kitchen clients received meals from an emergency kitchen 2 to 5 days during the week.

### Frequency of visits to food pantries and emergency kitchens



Source: Briefel, R., Jacobson, J., Clusen, N., Zavitsky, T., Satake, M., Dawson, B., & Cohen, R. (2003, July). *The Emergency Food Assistance System—Findings From the Client Survey: Executive Summary*. Food Assistance and Nutrition Research Report No. 32. Economic Research Service, U.S. Department of Agriculture.

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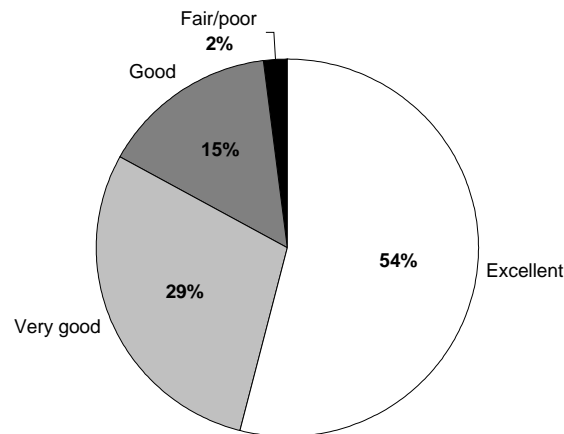
## Health Statistics for U.S. Children: 2000

This report presents statistics from the 2000 National Health Interview Survey (NHIS) on selected health measures for children under 18 years old, classified by gender, age, race, Hispanic origin, family structure, parent's education, family income, poverty status, health insurance coverage, residence, region, and health status. The topics covered are asthma, allergies, learning disability, Attention Deficit Hyperactivity Disorder, prescription medication, respondent-assessed health status, school-loss days, usual place of health care, time since the last contact with a health care professional, unmet dental need, time since the last dental contact, and selected measures of health care access. The NHIS is a multistage probability sample survey conducted annually by interviewers of the U.S. Census Bureau for the National Center for Health Statistics, Centers for Disease Control and Prevention, and is representative of the civilian noninstitutionalized population of the United States. Information about the children is collected for one randomly selected child per family. Face-to-face interviews, with an adult proxy respondent familiar with the child's health, are used to collect the data.

### Most children in excellent or very good health

In 2000, of the 72.3 million children in the United States, the majority were reported to be in excellent (54 percent) or very good health (29 percent). Two percent were reported to be in fair or poor health. Poverty status was associated with children's health: Only 4 of 10 children in poor families were in excellent health, compared with 6 of 10 children in families that were not poor.

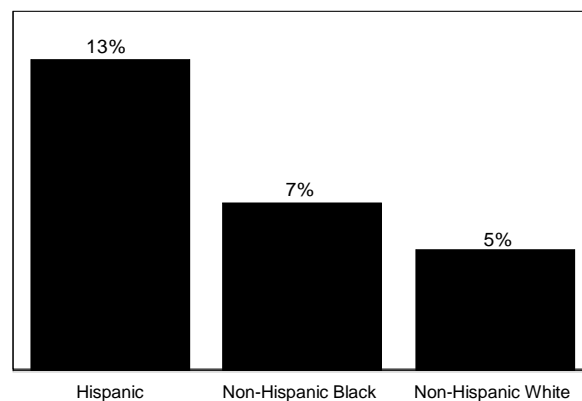
### Reported health status of children



### Hispanic children less likely to have usual place of health care

Although most children (93 percent) had a usual place of health care, typically a doctor's office or clinic, Hispanic children were less likely than other children to have a usual place. Thirteen percent of Hispanic children did not have a usual place of health care, compared with 7 percent of non-Hispanic Black children and 5 percent of non-Hispanic White children.

### Children without usual place of health care, by race/ethnicity

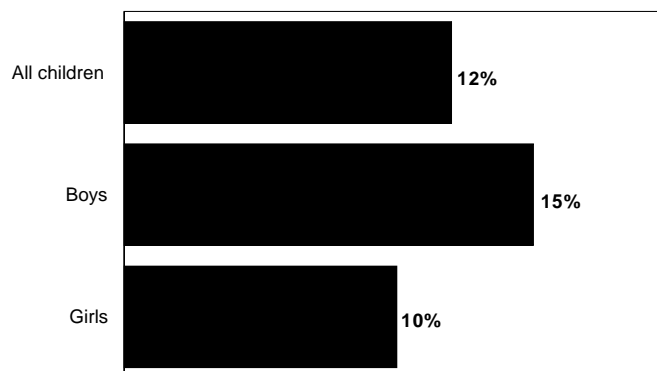


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### Twelve percent of children diagnosed with asthma

Nine million U.S. children under age 18 (12 percent) have ever been diagnosed with asthma. Boys were more likely than girls to have ever been diagnosed with asthma (15 vs. 10 percent).

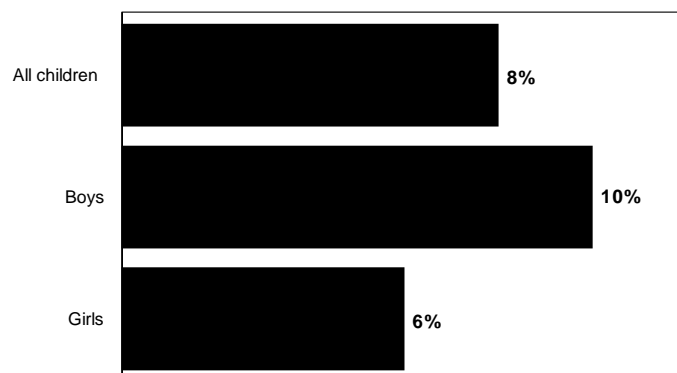
### Children with asthma, by gender



### Eight percent of children have a learning disability

Almost 5 million children 3 to 17 years old (8 percent) had a learning disability. Ten percent of boys had a learning disability, compared with 6 percent of girls. Almost 4 million children 3 to 17 years old (7 percent) had Attention Deficit Hyperactivity Disorder.

### Children with a learning disability, by gender



Source: Blackwell, D.L., Vickerie, J.L., & Wondimu, E.A. (2003). Summary health statistics for U.S. children: National Health Interview Survey, 2000. National Center for Health Statistics. Vital Health Statistics 10(213).